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2012-12-05 09:19 DC0547PM13501
DECAN SWENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

8652125642 >>

P 4/30 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING		OMB NO. 0938-0 (X3) DATE SURVEY COMPLETED	
NAME OF 8	PROVIDER OR SUPPLIER	145190	D. WING	7		(00)00	
	DGE HOUSE, THE		٤	TREET ADDRESS, CITY, STATE, ZIP CO 250 GELLEBROOK RO	ססר.	/29/2012	
(X4) (I) PREFIX TAG		Tement of Deficiencies MUST BE PRECEDED BY FULL BE IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	A SHALLA DO	(XS) COMPLETIO DATE	
F 000	INITIAL COMMENT	rs ,	F 00	0			
:	November 29, 2012, No deficiencies were investigation #30491 Requirements for Lo	at The Cambridge House, cited related to complaint under 42 CFR Part 482.13,		Med Fror #1 1. Resident #A was adverse effects winoted.	th none		
\$\$=E	RATES OF 5% OR M	OF MEDICATION ERROR MORE	F 332	2. MARS will be rev all residents receiv Carafate. Medicati administration tim adjusted to ensure Carafate is given o	ing on es will be the	111/26/12	
r ii e	Based on observation eview of manufacture of manufacture of the facility for the performance of the performa	n, medical record review, et's specifications, and ailed to prevent medication recent resulting in eight portunities to equal an error at.		3. Licensed nursing stre-educated by the development coord regarding the admit of Carafate. Inform be presented to staff the licensed Nursing	aff will be staff inator nistration ation will I during	12/12/12	
# H to ei	4, LPN #5, LPN #6) (all Cart, 200 Hall Cart) of five medic 3 p.m., shift and 3 p ight (Resident #6, #1) esident #A, Resident esidents observed. he findings included:	d errors occurred with five urse [LPN] #2, LPN #3, LPN of six LPNs; on four (100 rt, 300 Hail Cart, and 500 cation carts; on two (7 a.m. b.m. to 11 p.m., shift), and 6, #19, #20, #21, #24, t#B) of seventeen		4. Random audits of 5 residents receiving 6 will be monitored for administration times DON or designee. It compliance rate is example to the audit will be do weekly basis for three and will be reported QIP/QA&A meeting	. 60% of Carafate or correct by the 60% specied, ne on a c months to the	1/4/13	
Į M	édication Error#1		i	monthly x one quarte	er.	1/13/13	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclossable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclossable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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ሳ ለ ው የ _{ሀላክ} (OF CORRECTION	(X1) PROVIDER/SUPPLICACIA IDENTIFICATION NUMBER	J	(X2) MULTIPLE CONSTRUCTION A. DUILOING			OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
		445190	8. WING			}		
NAME OF I	PROVIDER OR SUPPLIER		_		1	1	1/29/2012	
	DGE HOUSE, THE		s	250 BE	ODRESS, CITY, STATE, ZIP CODE LLEBROOK RO OL, TN 37620			
(X4) II) PRFFIX	SUMMARY STA	TEMPNI OF DEFICIENCIES	<u></u>	717101		-		
YAG		MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION;	PREFIX TAG	!	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REPERENCED TO THE APPR DEFICIENCY)	HIII DO DOC	COMPLETIC DATE)łi
F 332 Continued From page 1 Observation on November 26, 2012, at 4:20 p.m., at the 300 Hall Medication Cart, in the 300 Hall, revealed LPN #2 prepared one dose each of the following four medications for administration: Alprazolam (medication for anxiety) 0.25 milligram (mg) tablet; Sucralfate [medication for stomach] one gram tablet; Ziprasidone [medication for psychosis] 20 mg capsule; and Ferrous Sulfate [medication for iron replacement] 325 mg tablet. Further observation revealed LPN #2 entered the room of Resident #A and administered the four medications by mouth to Resident #A. Medical record review of the November 2012. Physician Orders, revealed an order for "SUCRALFATETAB 1GMFor: CARAFATETAKE 1 TABLET BY MOUTH BEFORE MEALS AND AT BEDTIME"		ì i	<u>;</u>	DEFICIENCY				
A	CARAFATEDOS/ DMINISTRATIONc	on an empty stomach"						
th ot ar	e Sucralfate tablet wher medications and memory stomach.	on November 26, 2012, at Nursing Station confirmed as administered with the was not administered on			Resident #16 was assess for adverse effects with noted. Educational	none		
Of	edication Error #2 pservation on Novem the 100 Hall Medicat vealed LPN #3 prepa prolog [medication fo	ber 26, 2012, at 4:50 p.m., ion Cart, in the 100 Hall, red a 2 unit dose of		2,	information regarding in peak times was placed in front of each MAR notel MARS will be reviewed all residents receiving	i the book, for	11/26/12	
1 1115	այլը դոր դույք նեւ այ	Illiter (ml) for Resident e level of 167. Further	; ;]		Novolog sliding scale insulin will be given to the	sulin. nose		

2012-12-05 09:20

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P 6/30 ישויו שבי. ובייסוגעונ

DEL MICTIMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES <u>OMB NO. 0938-0391</u> (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION ICENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING COMPLETED 445190 R WING NAME OF PROMOCR OR SUPPLIER 11/29/2012 STREET AUDIRESS, CITY, STATE, ZIP CODE CAMBRIDGE HOUSE, THE 250 BELLEDROOK RO BRISTOL, TN 37620 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID: PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRECIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAR DATE DEFICIENCY F 332 Continued From page 2 F 332 observation revealed LPN #3 entered the room of Resident #16 and administered the cose of Novolog Insulin by subcutaneous injection to the ! lower left quadrant of the abdomen of Rosident #16 at 4:52 p.m. residents within five to ten , Further observation on November 26, 2012, at minutes before serving meals. 5:20 p.m., at the bedside of Resident #16. 12/13/12 Licensed nursing staff will be revealed CNA #2 began feeding supper to Resident #16 fifty-eight minutes after the Novolog reeducated by the staff Insulin dose was administered. development coordinator regarding the administration Medical record review of the November 2012, of Novolog insulin to assure Physician Orders for Resident #16, revealed an order for "...novoLOG 100U [units] /ML...INJECT that residents cat a meal SUBCUTANEOUSLY PER SLIDING SCALE within 5-10 minutes after BEFORE MEALS AND AT BEDTIME... 151-200 = receiving the insulin. 2 units..." Information will be presented to staff during the licensed Review of the manufacturer's specifications for nursing meeting on 1/3/13, Novolog Insulin, revealed "...eat a meal within 5 to 1/4/13 10 minutes after using NovoLog® to avoid low Random audits of 25% of blood sugar...NovoLog® is a fast-acting insulin..." residents receiving Novolog insulin will be monitored for correct administration times Interview with LPN #3, on November 26, 2012, at by the DON or designee. 5:21 p.m., at the West Nursing Station, confirmed 95% or greater compliance the dose of Novolog Insulin was administered to Resident #16 fifty-eight minutes before a meal rate is expected. This audit and not within 5 to 10 minutes before a meal per will be done on a weekly manufacturer's specifications. LPN #3 further basis for three months and confirmed LPN #3 was not aware and had not will be reported to been in-serviced on the proper timing of meals in QIP/QA&A meetings reference to Insulin administration per monthly x one quarter. manufacturer's specifications. 1/13/13 Medication Error #3

2012-12-05 09:20

DC0547PM13501 8652125642 >> P 7/30 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED <u>OMB NO. 0008-0001</u> STATEMENT OF DEFICIENCIES (X1) PROVIDERASUPPLIERICUA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCYION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A BUILDING II WING 445190 11/29/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 219 CODE CAMBRIDGE HOUSE, THE 260 BELLEBROOK RD BRISTOL, TN 37620 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉPIX SAT REGULATORY OR LSC IDENTIFYING INFORMATION) YAG DEFICIENCY) F 332 Continued From page 3 F 332 Observation on November 27, 2012, at 11:20 Med Error #3 a.m., at the 300 Hall Medication Cart, in the 300 Hall, revealed LPN #4 prepared a 3 unit dose of Resident #6 was assessed Novotin R [medication for Diabetes] Injectable for adverse effects with Insulin 100 units per mil for Resident #6 with a blood glucose level of 213. Further observation none noted. Educational revealed LPN #4 entered the room of Resident #6 information regarding and administered the dose of Novolog Insulin by insulin peak times was subcutaneous injection to the lower right quadrant placed in the front of each of the abdomen of Resident #6 at 11:24 a.m. 11/26/12 MAR notebook. Further observation on November 27, 2012, at 2. MARS will be reviewed 12:28 p.m., revealed lunch was served to for all residents receiving Resident #6 at 12:28 p.m., sixty-four minutes Novalin R sliding scale after the Novolin R Insulin dose was insulin. Meals will be administered. served to the residents within 30 minutes of Medical record review of the November 2012. Physician Orders for Resident #6, revealed an insulin administration. 12/11/12 order for "...novoLIN R 100U/ML...INJECT Licensed nursing staff SUBCUTANEOUSLY PER SLIDING SCALE will be re-educated by the BEFORE MEALS AND AT BEDTIME...201-250=3 staff development units..." coordinator regarding the Review of the manufacturer's specifications in the administration of Novolin package insert for Novolin R Insulin revealed, R insulin to assure that "...Novotin R is a fast-acting insulin...The effects residents eat a men! of Novolin R start working 1/2 hour after within 30 minutes after injection...Novolin R, when used alone subcutaneously, is usually given three or more receiving the insulin. times daily before meals...The injection...should Information will be be followed by a meal within approximately 30 presented to staff during minutes of administration..." the licensed nursing meeting scheduled on Interview with LPN #4, on November 27, 2012, at 1//3/13. 1/4/13 12:28 p.m., at the 300 Half Medication Cart, In the 300 Hall, confirmed lunch was served to

Resident #6 at 12:28 p.m.

2012-12-05 09:21 DC0547PM13501 DEPARTMENT OF HEALTH AND HUMAN SERVICES 8652125642 >> P 8/30 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CUA AND PLAN OF CORRECTION (XX) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 445190 B WING NAME OF PROVIDER OR SUPPLIER <u>11/29/2012</u> Street Address, City, State. Zip Code CAMBRIDGE HOUSE, THE 250 BELLEBROOK RD BRISTOL, TN 37620 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X6) COMPLETION YAG Cross-reperenced to the appropriate OATE: DEFICIENCY F 332 | Continued From page 4 4. Random audits of 25% F 332 Interview with LPN #4, on November 27, 2012, at 1 of residents receiving 12:40 p.m., at the 300 Holl Cart, in the 300 Hall, Novolin R insulin will be confirmed lunch was served to Resident #6 monitored for correct sixty-four minutes after the dose of Novolin R administration times by Insulin was administered and not within the DON or designee. approximately 30 minutes per manufacturer's specifications. LPN #4 further confirmed LPN #4 95% or greater was not aware and had not been in-serviced on compliance rate is the proper timing of moals in reference to Insulin expected. This audit will administration per manufacturer's specifications. be done on a weekly basis for three months and will Medication Error #4 be reported to Observation on November 27, 2012, at 12:00 QIP/QA&A meetings noon, at the 300 Hall Medication Cart, in the 300 monthly x one quarter. Hall, revealed LPN #4 prepared a 3 unit dose of 1/13/13 Novolog Injectable Insulin 100 units per mi for Resident #21 with a blood glucose level of 242. Further observation revealed LPN #4 entered the room of Resident #21 and administered the dose Med Error #4 of Novolog Insulin by subcutaneous injection to the left upper arm of Resident #21 at 12:02 p.m. 1. Resident #21 was assessed Further observation on November 27, 2012, at for adverse effects with none 12:02 p.m., revealed Resident #21 was ealing noted. Educational lunch. information regarding insulin peak times was placed in the Medical record review of the November 2012, Physician Orders for Resident #21, revealed an front of each MAR notebook. 11/26/12 order for "...novoLOG 100U/ML...INJECT 2. MARS will be reviewed for SUBCUTANEOUSLY PER SLIDING SCALE all residents receiving BEFORE MEALS AND AT BEDTIME...201-250=3 Novolog sliding scale insulin.

Review of the manufacturer's specifications for Novolog Insulin, revealed "...eat a meal within 5 to 10 minutes after using NovoLog® to avoid low

units..."

Insulin will be given to those

2012-12-05 09:21 DEPARTMENT OF HEALTH AND HUMAN SERVICES

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P 9/30 FARM ADDRAINS FORM ADDRAINS

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		i	A 001L			-11-12
NAME OF	ROVIDER OR SUPPLIER	445190	II WIN		11/	29/2012
	DGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD BRISTOL, TN 37620		
(X4) IU PREFIX TAG	: (CAND DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFO TAG	PROVIDER'S PLAN OF CORRI	しついてひ 発圧	COMPLETION DATE
	Interview with LPN 12:03 p.m., at the 3 300 Hall, confirmed #21 at 11:55 a.m. Interview with LPN 12:40 p.m., at the 3 300 Hall, confirmed #21 seven minutes the dose of Novolog minutes after a meanufacturer's speconfirmed I.PN #4 v been in-serviced on reference to Insulin manufacturer's specome Medication Error #5 Observation on Nov p.m., at the 300 Hall Hall, revealed I.PN Movolog Injectable in Resident #20 with a	Log® Is a fast-acting insulin" #4, on November 27, 2012, at 00 Half Medication Cart, in the lunch was served to Resident #4, on November 27, 2012, at 00 Half Medication Cart, in the lunch was served to Resident prior to the administration of Insulin and not 5 to 10 at per physician's orders and diffications. LPN #4 further was not aware and had not the proper timing of meals in administration per	F 3:	residents within five to minutes before serving. 3. Licensed nursing staff reeducated by the staff development coordinate regarding the administ of Novolog insulin to that residents cat a me within 5-10 minutes a receiving the insulin. Information will be presidents receiving the fice nursing meeting on 1/2. 4. Random audits of 25% residents receiving No insulin will be monitor correct administration by the DON or designed 95% or greater compliants is expected. This a will be done on a week basis for three months will be reported to	o ten g meals. will be for ration assure al fer esented ised 6/13. 6 of volog, ed for times e. ince udit ly	1/4/13
1	room of Resident #2 of Novolog Insulin by	O and administered the dose y subcutaneous injection to of Resident #20 at 12:11 p.m.		QIP/QA&A meetings monthly x one quarter.		1/13/13
	12:11 p.m., revealed lunch and immediate Medical record revie Physician Orders for	on November 27, 2012, at I Resident #20 was served ally began eating. w of the November 2012, Resident #20, revealed an 3 100U/ML151-200=2				

DATE

2012-12-05 09:21 DC0547PM13501 8652125642 >> DEPARTMENT OF HEALTH AND HUMAN SERVICES P 10/30 PRHATEO: TZ/03/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLICR/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING **B. WING** 445190 NAME OF PROVIDER OR SUPPLIER 11/29/2012 STREET AODRESS, CITY, STATE, ZIP CODE CAMBRIDGE HOUSE, THE 250 BELLEBROOK RD BRISTOL, TN 37620 (X4) IÓ SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC (DENTIFYING INFORMATION) (XS) COMPLETION PREFIX CEACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 332 | Continued From page 6 Med Error #5 F 332 units..." Review of the manufacturer's specifications for Novolog Insulin, revealed "...eat a meal within 5 to, 1. Resident #20 was assessed 10 minutes after using NovoLog® to avoid low blood sugar...NovoLog® is a fast-acting insulin..." for adverse effects with none noted. Educational Interview with LPN #4, on November 27, 2012, at information regarding insulin-12:12 p.m., at the 300 Hall Medication Cart, in the neak times was placed in the 300 Hall, confirmed lunch was served to Resident front of each MAR notebook. #20 at 12:11 p.m. 11/26/12 2. MARS will be reviewed for Interview with LPN #4, on November 27, 2012, at all residents receiving 12:40 p.m., at the 300 Hall Medication Cart, in the Novolog sliding scale insulin. 300 Hall, confirmed lunch was served to Resident Insulin will be given to those #20 immediately after the administration of the residents within five to ten dose of Novolog Insulin and not 5 to 10 minutes minutes before serving meals. after the dose of Novolog Insulin per 12/11/12 manufacturer's specifications. LPN #4 further 3. Licensed nursing staff will be confirmed LPN #4 was not aware and had not reeducated by the staff been in-serviced on the proper timing of meals in development coordinator reference to Insulin administration per regarding the administration manufacturer's specifications. of Novolog insulin to assure that residents eat a meal Medication Error #6 within 5-10 minutes after Observation on November 27, 2012, at 12:30 receiving the insulin. p.m., at the 300 Hall Medication Cart, in the 300 Information will be presented Hall, revealed LPN #4 prepared a 2 unit dose of to staff during the licensed Novolog injectable insulin 100 units per mi for

Resident #19 with a blood glucose level of 182.

Further observation revealed LPN #4 entered the

room of Resident #19 and administered the dose of Novolog Insulin by subcutaneous injection to the left upper arm of Resident #19 at 12:31 p.m.

Further observation on November 27, 2012, at 12:31 p.m., revealed the wife immediately started 1/4/13

nursing meeting on 1/3/13,

2012-12-05 09:22 DC0547PM13501 8652125642 >> DEPARTMENT OF HEALTH AND HUMAN SERVICES P 11/30 CENTERS FOR MEDICARE & MEDICAID SERVICES ドウタ かんかははん かんりつ OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLICE/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING S WING 445190 NAME OF PROVIDER OR SUPPLIER 11/29/2012 STREET ADDRESS, CITY, SYAYE, 21P CODE CAMBRIDGE HOUSE, THE 260 BELLEBROOK RD BRISTOL, YN 37620 SUMMARY STATISMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX !D PROVIDER'S PLAN OF CORRECTION COMPLETION DAYC PREFIX (FACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 332 | Continued From page 7 F 332 Random audits of 25% of feeding lunch to Resident #19. residents receiving Novolog. insulin will be monitored for Medical record review of the November 2012. Physician Orders for Resident #19, revealed on correct administration times order for "...novoLOG 100U/ML...INJECT by the DON or designee. SUBCUTANEOUSLY PER SLIDING SCALE 95% or greater compliance BEFORE MEALS AND AT BEDTIME...[sign for rate is expected. This audit greater than] 180≃2 units...[sign for greater than] will be done on a weekly 221=4 units..." basis for three months and Review of the manufacturer's specifications for will be reported to Movolog Insulin, revealed "... eat a meal within 5 to QIP/QA&A meetings 10 minutes after using NovoLog® to avoid low 1/13/13 monthly x one quarter. blood sugar...NovoLog@ is a fast-acting insulin..." Interview with LPN #4, on November 27, 2012, at 12:31 p.m., at the 300 Hall Medication Cart, in the 300 Hall, confirmed the wife was feeding lunch to Med Error #6 Resident #19 at 12:31 p.m. Resident #19 was assessed Interview with LPN #4, on November 27, 2012, at for adverse effects with none 12:40 p.m., at the 300 Hall Cart, in the 300 Hall, confirmed lunch was served to Resident #19 noted. Educational immediately after the administration of the dose information regarding insulinof Novolog Insulin and not 5 to 10 minutes after peak times was placed in the the dose of Novolog Insulin per manufacturer's 11/26/12 front of each MAR notebook. specifications, LPN #4 further confirmed LPN #4 MARS will be reviewed for was not aware and had not been in-serviced on all residents receiving the proper timing of meals in reference to insulin administration per manufacturer's specifications. Novolog sliding scale insulin. Insulin will be given to those Medication Error #7 residents within five to ten minutes before serving meals. 12/11/12 Observation on November 27, 2012, at 12:35 p.m., at the 200 Hall Medication Cart, in the 200 Hall, revealed LPN #6 prepared a 6 unit dose of Novolog injectable insulin 100 units per mi for Resident #24 with a blood glucose level of 195.

2012-12-05 09:22 DC0547PM13501 8652125642 >> DEPARTMENT OF HEALTH AND HUMAN SERVICES P 12/30 CANALED: INVOICED CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER (X3) DATE SURVEY A. BUILDING COMPLETED 445190 R WING NAME OF PROVIDER OR SUPPLIER 11/29/2012 STREET ADDRESS, CITY, STATE, ZIP COUL CAMBRIDGE HOUSE, THE 200 BELLEBROOK RD BRISTOL, TN 37620 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX FROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X\$) COMPLETION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE: DEFICIENCY) F 332 Continued From page 8 Licensed nursing staff will be F 3321 Further observation revealed LPN #6 entered the reeducated by the staff room of Resident #24 and administered the dose development coordinator of Novolog Insulin by subcutaneous injection to regarding the administration the right upper arm of Resident #24 at 12:38 p.m. of Novolog insulin to assure Further observation on November 27, 2012, at that residents cat a meal 12:02 p.m., revealed Resident #24 was fed by a within 5-10 minutes after male CNA assigned to the 200 Half thirty-five receiving the insulin. minutes after the Novolog Insulin dose was Information will be presented administered. to staff during the licensed Medical record review of the November 2012, nursing meeting on 1/3/13. Physician Orders for Resident #24, revealed an 1/4/13 4. Random audits of 25% of order for "...novoLOG 100U/ML...INJECT residents receiving Novolog SUBCUTANEOUSLY PER SLIDING SCALE insulin will be monitored for SEFORE MEALS AND AT SEDTIME... 150-200=4 units..." Review of the Physician's Orders correct administration times revealed an additional order for Resident #24 for by the DON or designee. ...novoLOG 100U/ML...INJECT 95% or greater compliance SUBCUTANEOUSLY WITH MEALS." rate is expected. This audit will be done on a weekly Review of the manufacturer's specifications for basis for three months and Novolog Insulin, revealed "...eat a meal within 5 to 10 minutes after using NovoLog® to avoid low will be reported to blood sugar... NovoLog® is a fast-acting insulin..." QIP/QA&A meetings monthly x one quarter. Interview with LPN #6, on November 27, 2012, at 1/13/13 3:40 p.m., in the conference room, revealed the LPN was unable to state a timeframe for when residents should eat after NovoLog® insulin was administered and confirmed lunch was served to

Medication Error #8

Resident #24 thirty-five minutes after the fast-acting insulin was administered.

Observation on November 27, 2012, at 11:34 a.m., at the 500 Hall Medication Cart, in the 500 DC0547PM13501

2012-12-05 09:22

P 13/30 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVIED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A QUILDING B. WING 445190 11/29/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP COOR 250 RELLEGROOK RD CAMBRIDGE HOUSE, THE BRISTOL, TN 37620 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR USC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY) F 332 Continued From page 9 F 332 Med Error #7 Hall, revealed LPN #5 prepared a 2 unit dosc of Novolin R Injectable Insulin 100 units per ml for Resident #B with a blood glucose level of 165. Resident #24 was assessed Further observation revealed LPN #5 entered the for adverse effects with none room of Resident #B and administered the dose noted. Educational of Novolog Insulin by subcutaneous injection to information regarding insulin the abdomen of Resident #B at 11:38 a.m. peak times was placed in the Further observation on November 27, 2012, at front of each MAR notebook. 11/26/12 12:14 p.m., in the room of Resident #B, revealed 2. MARS will be reviewed for the husband of Resident #B had secured the all residents receiving lunch tray for Resident #B since the lunch tray Novolog sliding scale insulin. had not been served by the facility stalf. Insulin will be given to those Medical record review of the November 2012, residents within five to ten Physician Orders for Resident #B, revealed an 12/11/12 minutes before serving meals. order for "...novoLIN R 100U/ML...INJECT Licensed mursing staff will be SUBCUTANEOUSLY PER SLIDING SCALE reeducated by the staff BEFORE MEALS AND AT BEDTIME...151-200=2 development coordinator units..." regarding the administration Review of the manufacturer's specifications in the of Novolog insulin to assure package insert for Novolin R Insulin revealed, that residents eat a meal ...Novolin R is a fast-acting insulin...The effects within 5-10 minutes after of Novolin R start working 1/2 hour after receiving the insulin. injection...Novolin R, when used alone subcutaneously, is usually given three or more Information will be presented times daily before meals...The injection...should to staff during the licensed be followed by a meal within approximately 30 nursing meeting on 1/3/13. 1/4/13 minutes of administration..." 4. Random audits of 25% of residents receiving Novolog Interview with the husband of Resident #B, on insulin will be monitored for November 27, 2012, at 12:14 p.m., in the room of Resident #B, confirmed "If I didn't get it [lunch correct administration times tray], [Resident #B] may not get it until 1:00 p.m." by the DON or designee. 95% or greater compliance Interview with LPN #5, on November 28, 2012, at rate is expected. This audit 2:30 p.m., at the West Wing Nursing Station, will be done on a weekly basis for three months and st Page 10 of 17 FORM CMS-2607(02-99) Provious Varyiona Obsolete Event ID: 0L0011 Facility (will be reported to QIP/QA&A meetings

monthly x one quarter.

1/13/13

8652125642 >>

2012-12-05 09:22 DC0547PM13501 8652125642 >> P 14/30 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDENUSUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION DENTIFICATION NUMBER A. BUILDING H WING . 445190 11/29/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 260 BELLEBROOK RD CAMBRIDGE HOUSE, THE BRISTOL, YN 37620 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) (X4) ID PROVIDER'S PLAN OF CORRECTION (XX) COMPLETION DAYE PREFIX (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG TAG DEFICIENCY) F 332 | Continued From page 10 F 3321 Med Error #8 confirmed lunch was served late at 12:14 p.m. to Resident #B on November 27, 2012, and was Resident #B was assessed served 36 minutes after the Novolin R Insulin for adverse effects with dose was administered at 11:38 a.m. Further interview confirmed LPN #5 knew Resident #B none noted. Educational should eat within thirty minutes after the information regarding administration of the Insulin dose. insulin peak times was F 431 483.60(b), (d), (e) DRUG RECORDS, F 431 placed in the front of each SS-D LABELISTORE DRUGS & BIOLOGICALS MAR notebook 2. MARS will be reviewed 11/26/12 The facility must employ or obtain the services of a licensed pharmacist who establishes a system for all residents receiving of records of receipt and disposition of all Novalin R sliding scale controlled drugs in sufficient detail to enable an insulin. Meals will be accurate reconciliation; and determines that drug served to the residents records are in order and that an account of all within 30 minutes of controlled drugs is maintained and periodically reconciled. insulin administration. 12/11/12 3. Licensed nursing staff Drugs and biologicals used in the facility must be will be re-educated by the labeled in accordance with currently accepted staff development professional principles, and include the coordinator regarding the appropriate accessory and cautionary instructions, and the expiration date when administration of Novolin applicable. R insulin to assure that residents eat a meal In accordance with State and Federal laws, the within 30 minutes after facility must store all drugs and biologicals in receiving the insulin. locked compartments under proper temperature Information will be controls, and permit only authorized personnel to have access to the keys. presented to staff during

The facility must provide separately locked,

controlled drugs fisted in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit

permanently affixed compartments for storage of

the licensed nursing

1//3/13.

meeting scheduled on

1/4/13

2012-12-05 09:23

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I COMULINATION TO	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(XU) DATE	O. 0938-039 [,]
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F 431	This REQUIREMEN	bution systems in which the inimal and a missing dose can inimal and a missing dose can initial and initi	F 431	4. Random audits of 25 of residents receiving Novolin R insulin wil monitored for correct administration times I the DON or designee. 95% or greater compliance rate is	l be by	
	Tennessee Pharma interview, the facility medications in locked an expiration date of dispose of expired a failed to provide a reemergency medicate.	on, review of the provider ncy policy, review of cy Laws 2011 Edition, and railed to provide emergency ed containers; failed to provide in the emergency kit; failed to mergency medications; and radily available list of ons available in two of four on storage areas observed.		expected. This audit was done on a weekly lead to three months and be reported to QIP/QA&A meetings monthly x one quarter	basis will	1/13/13
	West Wing Medicati Wing Unit Manager, was not locked. Fur expiration date of the the outside of the kit following medication: (mg) Injections (used of diabetics) and thre (ml) vials (used to inc dlabetics). Further o of emergency medica was not readily availa 50% vials were expir	diabetic Emergency Supply 2012, at 2:35 p.m., in the on Room, with the West revealed the emergency kit ther observation revealed the emergency kit was not on and the kit contained the sten Glucapen 1 miligram I to increase the blood sugar of been been blood sugar of been been blood sugar of been been blood sugar of				

2012-12-05 09:23 DC0547PM13501 8652125642 >> P 16/30 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIENCLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER (X3) DATE SURVEY COMPLETED A. BUILDING 445190 0 WING NAME OF PROVIDER OR SUPPLICE 11/29/2012 STREET ADDRESS, CITY, STATE, ZIP CODE CAMBRIDGE HOUSE, THE 250 BELLEBROOK RD BRISTOL, TN 37620 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUSY BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION ΙD (XS) Complistion Date REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY F 431 Continued From page 12 Expired drugs were removed. F 431. Observation of the IV Emergency Cart on from the Diabetic Emergency November 26, 2012, at 2:50 p.m., in the West Wing Medication Room, with the West Wing Unit Kit and destroyed on 11/26/12 Manager, revealed the contents of the emergency 11/26/12. Pharmacy was cart were not tocked; the expiration date of the notified on 11/26/12, On emergency cart was not on the outside of the 11/27/12, Pharmacy sent upcart; and the list of emergency medications in the dated list of emergency kit emergency cart was not readily available. Further observation revealed the contents of the contents with expiration emergency cart contained 122 IV solutions for dates. List was placed on fluid replacement including: 0.9% Sodium outside of emergency kit at Chloride 1000 mls, and Dextrose 5% 1000 mls. that time. Pharmacy provided Review of the pharmacy provider's policy. facility with a separate lock 11/27/12 "EMERGENCY PHARMACY SERVICE AND for the Diabetic Emergency EMERGENCY KITS ", revealed "... An emergency supply of medications, including emergency kit. Lock was received and placed on 11/27/12. Thw IV drugs, antibiotics, and controlled substances is emergency kit was supplied...in limited quantities (in portable, sealed containers), in compliance with applicable state immediately locked on 11/26/12. Updated list of regulations..." contents of IV emergency kit Review of the pharmacy provider's policy, was received on 11/27/12 11/27/12 "EMERGENCY MEDICATIONS", revealed "... The from the Pharmacy and medications are checked periodically for integrity, earliest expiration date of dating, etc..." contents was placed on the Review of the Tennessee Pharmacy Laws 2011 outside of IV Emergency kit Edition Rule 1140-4-.09 " EMERGENCY AND at that time. HOME CARE KITS" (page 210) documented 2. Step#1 of correction plan "...3...The emergency kit shall be provided prevents any residents from sealed...by authorized personnel in accordance being affected. 11/27/12 with established policies. The expiration date of the kit shall be clearly marked on the exterior of the kit to represent the earliest explration date of any drug, dovice, or related materials contained in the kits...(6) A list of the emergency kit contents shall be readily accessible and it shall include the

V1/V1/2013 TUE 17:38 FAX 2012-12-05 09:23 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD OC

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NAME OF PROVIDER OR SUPPLIER		ST	REST ADDRESS, CITY, STATE, ZIP CODE	11/29/2012		
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(XA) ID PREFIX TAG		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	COMPLETION DATE
F 441 SS=F	generic), strength, a contained therein' Interview with the Wall November 26, 2012 Wing Medication Rostorage areas were Emergency Kit and a expiration date was Diabetic Emergency medication date in the list of emergency medication and the list of emergency of and the IV Emergency of S.55 p.m. by telephone emergency kits were Tennessee Board of 483.65 INFECTION (SPREAD, LINENS) The facility must estainfection Control Program and infection Control Program under which in Investigates, control the facility:	related materials contained the name (trade and/or and quantity of the products and quantity of the products are with the products are with the products are with the product are producted and the product are producted are prod	F 441	3 Lineward numeron and the	or for ics, will ing and ckly to cd on as of one 100%	1/4/13
M CMS-2567	(02-99) Provious Versions Obs	solete Event ID: 01.1.011	Facility	r ID: TN9200 If continu	ation sheet P	oge 14 of 12

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2012-12-05 09:24

P 18/30

DEPARTMENT OF MEACH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER. COMPLETED A BUILDING 0. WING 445190 11/29/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODI-CAMBRIDGE HOUSE, THE 260 BELLEDROOK RD BRISTOL, TN 37620 SUMMARY STATEMENT OF OCTICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX 10 PROVIDER'S PLAN OF CORRECTION COMD/67/10H (XE) REGULATORY OR USC IDENTIFYING INFORMATION) PRECIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 441 ¹ Continued From page 14 F 441 1. Use of Super-Sani Cloths should be applied to an individual resident; and Plus was discontinued on (3) Maintains a record of incidents and corrective actions related to infections. 11/27/12. Use of Glucoclor wipes was implemented on (b) Preventing Spread of Infection 11/27/12. (1) When the Infection Control Program 11/27/12 2. Use of Glucoclor wipes dor determines that a resident needs isolation to disinfecting Assure Platinum prevent the spread of infection, the facility must isolate the resident. glucometers prevents spread (2) The facility must prohibit employees with a of infection to any residents. communicable disease or infected skin lesions Licensed nursing staff were from direct contact with residents or their food, if instructed in the use of direct contact will transmit the disease. Glucoefor wipes on 11/27/12, (3) The facility must require staff to wash their 11/27/12 Licensed nursing staff will be hands after each direct resident contact for which hand washing is indicated by accepted re-educated regarding the use professional practice. of Glucoclor wines for disinfecting the Assure Platinum glucometers by the Personnel must handle, store, process and staff development transport linens so as to prevent the spread of coordinator, Information will infection. be presented again during the licensed nursing meeting on 1/3/13. This REQUIREMENT is not met as evidenced 4. Random audits regarding the by: proper use of Glucoclor Based on observation, review of manufacturer's wipes will be done weekly by specification, and interview, the facility failed to properly clean and disinfect glucometers per the DON or designee for manufacturer's specifications. three months, 100% compliance with correct use The findings included: of the wipes is expected. Results will be reported Observations on November 27, 2012, between monthly to the QIP/QA&A 10:25 a.m. and 12:28 p.m., on five of five hallways (100 Hall, 200 Hall, 300 Hall, 400 Hall, meetings x one quarter. 1/13/13 and 500 Hall) on five of five medication carts.

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2012-12-05 09:24 DC0547PM13501 8652125642 >> P 19/30 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING n waq., 445190 11/29/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CAMBRIDGE HOUSE, THE 260 BELLEBROOK RD BRISTOL, YN 37620 (X4) ID PŘEFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION EACH DEFICIENCY MUST BE PRECEDED BY FULL (XB) COMPLETION PREFIX REGULATORY OR USC IDENTIFYING INFORMATION) (FACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 441 Continued From page 15 F 441 revealed five (Licensed Practical Nurses [LPN] #1, #2, #4, #5, and #6) of five LPNs cleaned 10 of ; 10 Assure Platinum glucometers with Sani-Cloth Plus germicidal disposable wipes. Review of the Product Information from Arkray , USA, Inc. for "Cleaning & Disinfecting Blood Glucose Meters", revealed "...Recommended ARKRAY Cleaning and Disinfecting Guidelines:...Cleaning and disinfecting can be completed by using a commercially available EPA[Environmental Protection Agency]-registered disinfectant detergent or germicide wipe...ARKRAY tested various commercially available wipes on our blood glucose meters. We simulated a daily use protocol by wiping down multiple meters ten times a day for ten days. Meters then underwent quality control testing and meters were physically evaluated. Meters that passed our acceptance protocol are listed below..." Further review of the manufacturer's testing results, revealed the manufacturer had not tested the Assure Platinum glucometer with the Sani-Cloth Plus germicidal disposable wipe, Interview with the Arkray representative on November 27, 2012, at 11:00 a.m., by telephone, confirmed the Sanl-Cloth Plus germicidal disposable wipe had not been tested on the Assure Platinum glucometer and the company could not recommend its use for the Assure Platinum glucometer.

Interview with the Director of Nursing and the Administrator on November 28, 2012, at 2:40 p.m., in the Administrator's office, confirmed the facility used Assure Platinum glucometers, manufacturerd by Arkray USA, Inc., to test the

CENTE	RS FOR MEDICARE	DC0547PM13501 AND HUMAN SERVICES & MEDICAID SERVICES	8652	2125642 >>	CANALEC FORM	P 20/30 D: 12/03/2011 M APPROVET D: 0938-039
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NAME OF PROVIDER OR SUPPLIER					29/2012	
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F 441	germicidal disposable the Assure Platinum the blood glucose for interview confirmed germicidal disposable permicidal disposable permicidad disposable perm	s of all diabetic residents. Infirmed SANI-CLOTH PLUS Ille cloths were used to clean In glucometers prior to testing If diabetic residents. Further Ithe SANI-CLOTH PLUS Ille cloths had not been tested If acturer for the Assure	F 441			